

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/856050 FILING DATE

APPLICANT(S)

IND.	DEP.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL ID.							
TOTAL DEP.	94	24	25				
TOTAL CLAIMS	5	25	25				

CLAIMS							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

0-1305-13-78

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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